

Integration of Primary Care and Behavioral Health Services for American Indians in the State, Tribal & Indian Health Service Systems

**Lydia Hubbard-Pourier, BSN, MPH
Tribal Contract Administrator
Bureau of Compliance
Division of Behavioral Health Services
Arizona Department of Health Services**

**Alida Montiel, Health Systems Analyst
Inter Tribal Council of Arizona, Inc.**

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Arizona Department of Health Services Overview

- Sister Agency to AHCCCS
- Will Humble, Director
- Michael Allison, Native American Liaison
- 2,355 Employees (2 Billion Dollar Budget)
- State/County Structure (15 Counties)
- Tribes and Indian Nations (22)



Description of Current I/T/U System

The Indian Health Service (IHS), an agency within the Department of Health and Human Services, is responsible for providing federal health services to American Indians and Alaska Natives. The provision of health services to members of federally-recognized Tribes grew out of the special government-to-government relationship between the federal government and Indian Tribes. This relationship, established in 1787, is based on Article I, Section 8 of the Constitution, and has been given form and substance by numerous treaties, laws, Supreme Court decisions, and Executive Orders.



Description of Current I/T/U System

The IHS is the principal federal health care provider for Indian people, and its goal is to raise health status to the highest possible level. IHS provides a reservation based health service delivery system and 34 Urban Indian health programs for approximately 2 million American Indians/ Alaska Natives who belong to 564 federally recognized Tribes in 35 states.

Within Arizona there are 22 federally recognized Tribes and the population is approximately 334,000. Despite limited resources all Tribes operate some level of their health care services, in particular substance abuse, mental health and social services programs.



Description of Current I/T/U System

IHS Behavioral Health Services Division* - Vision

The Division of Behavioral Health envisions American Indian and Alaska Native communities achieving the highest levels of well-being through culturally based initiatives that integrate traditional practices and Western medicine in the context of holistic individual, family, community, and intergenerational health.

- The Affordable Care Act passed in 2010 included the reauthorization of the Indian Health Care Improvement Act. This law was originally passed in 1976 and last amended in 1997. The Behavioral Health Services section of the law was rewritten and vastly improved.

* Includes Substance Abuse, Mental Health and Social Services Programs

ADHS -Three Primary Service Areas

- ADHS Behavioral Health Services
("carved out" subcontract from AHCCCS)
- Public Health Services
 - Preparedness
 - Prevention
- Licensing Services



Behavioral Health Services

- Five Tribal Contracts
 - Gila River Indian Community (TRBHA)
 - Pascua Yaqui Tribe (TRBHA)
 - White Mountain Apache Tribe (TRBHA)
 - Navajo Nation (Case Management only)
 - Colorado River Indian Tribes (Prevention only
-State Funds)
- Full Time TRBHA Contract Administrator
 - (Lydia Hubbard-Pourier)



Arizona State Hospital

- Average of 14 Native American Patients per Year
- Tribal – State Involuntary Court Ordered Admission Agreement



ADHS -Division of Behavioral Health Services

- The Arizona Department of Health Services (ADHS) - responsible for implementing the State's publicly funded behavioral health services system.
- The Division of Behavioral Health Services (DBHS) within the ADHS - oversees and monitors the delivery of behavioral health services.
- The behavioral health service system funded by: Medicaid and KidsCare funds, state appropriated funds, and federal block grants for substance abuse & mental health.



AZ Managed Care System for Behavioral Health Services

- AHCCCS “carves out” Title XIX and XXI funds and contracts with ADHS/DBHS to administer a behavioral health managed care service system with the T XIX/XXI funds.
- ADHS/DBHS in turn contracts with Tribal Regional Behavioral Health Authorities and Regional Behavioral Health Authorities (T/RBHAs) to assure access for eligible recipients to behavioral health services through provider networks.



ADHS/DBHS

DBHS manages the behavioral health services system through contracts and agreements with:

- 4 – Regional Behavioral Health Authorities (RBHAs) – providing services in 6 designated geographic service areas (GSAs).
- 3 – Tribal Regional Behavioral Health Authorities (TRBHAs) - Gila River, Pascua Yaqui, & White Mountain Apache – providing comprehensive “covered” behavioral health services.
- 2 – Intergovernmental Agreements (IGAs) – Navajo & CRIT – providing selected behavioral health services.

Each T/RBHA must provide, contract for or arrange for access to AHCCCS covered behavioral health services for its enrolled members.



What is A RBHA?

- Provides covered services through a managed care provider network which complies with services delivery requirements in a designated geographic area.
- Provides member information including a member handbook and a website and other required communication modes with members and other stakeholders.
- Complies with quality management requirements including QM data, a Recipient Satisfaction survey, Performance Improvement Initiatives and an Annual Administrative Review.
- Provides for a system for member complaints and appeals, SMI grievances, provider claims, and dispute processes.
- Has a Corporate Compliance (fraud & abuse – program integrity) program.
- Complies with all data requirements.
- Implements and reports on other funded behavioral health program activity such as prevention, housing, and substance abuse and mental block grant programs.
- Provides for a financial management system which produces complete, timely, reliable and accurate financial records and comply with financial reporting requirements.



Covered Behavioral Health Services

Treatment Services

Counseling Services; consultation, assessment and specialized testing; professional services

Rehabilitation Services

living skills training; cognitive rehabilitation; health promotion; vocational rehabilitation, & supported employment

Medical Services

Medications; lab, radiology and medical imaging; medical management



Covered Behavioral Health Services continued

Support Services

Case management; personal assistance; family support; peer support; therapeutic foster care services; respite; housing support, interpreter services; and transportation

Crisis Intervention Services

Mobile team services; telephone; urgent care Housing and Housing Related Services for Adults with Serious Mental Illness



Covered Behavioral Health Services continued

- Case management services
- Inpatient services – Hospitalization
- Residential Treatment
- Pharmacy – Psychotropic Medication
- Respite Care
- Therapy and counseling services (family, group, individual, etc.)
- Medically necessary transportation
- All AHCCCS covered medical services



Substance Abuse Prevention & Treatment

ADHS/DBHS administers Substance Abuse Prevention and Treatment programs which are federally and state funded.

SAPT Services are provided through the 4 RBHAs and 4 tribal nations (Gila River, Pascua Yaqui, White Mountain Apache & Navajo).

Federal funding – Title XIX/XXI and Substance Abuse Prevention & Treatment (SAPT) block grant

State funding – State targeted programs, i.e. Meth treatment & TA, and Centers of Excellence, Addiction Reduction & Recovery fund (capitol development projects @ Holbrook, Winslow & Sacaton)



Prevention & Suicide Prevention

PREVENTION

- Federal Prevention funds - SAPT block grant
- State appropriated prevention funds
- Substance abuse prevention – PYT, GRIC, WMAT, NN & CRIT
- Substance abuse prevention through RBHAs for TON, Ak-Chin, & SCAT

SUICIDE PREVENTION

- Suicide Prevention Grant – ASSIST training
- NARBHA – N. AZ tribal coalition for suicide prevention



Community Mental Health Services (CMHS) Block Grant

- Block grant funds awarded to states to expand an organized community-based system of care for providing mental health services to adults with a serious mental illness (SMI) and children with a serious emotional disturbance (SED).
 - For non-Title XIX/XXI eligible clients
 - Not for inpatient services, cash payments, capital purchases, match or financial assistance to private entities.



Substance Abuse Prevention & Treatment (SAPT) Block Grant

Block grant funds awarded to states to expand an organized community-based system of care for providing substance abuse treatment services to identified special populations. Block grant funds also support substance abuse prevention activity which is identified in a state's prevention plan.



Change in Block Grant Allocation of Grant Funds

- Application for block grants combined into one application – 2011
- States must have a state plan for use of the block grant funds.
- States must obtain government to government tribal consultation regarding their proposed use of funds. Tribal Consultation – January 19, 2012
- Change in allocation from population based to a needs based allocation methodology. (Methodology to be finalized by 9/12 – with tribal input.)



Where do Als receive BH Services?

- Indian Health Services (IHS) health care facilities
- Tribal '638' Providers and Tribal Behavioral Health Programs
- Indian health care providers in urban areas
- Tribal RBHA (TRBHA) that serves the designated reservation
- Local RBHA that serves the NA person's county of residence.



Why Do Tribes become a TRBHA?

- To bring additional BH resources and services to the tribal members
- Enhance their existing 638 BH resources

For example, be reimbursed for the provision of case management services and non-emergency transportation which WERE NOT PREVIOUSLY reimbursable through the 638 billing mechanism.

As of 10/1/11, now billable by IHS and 638 facilities.

- To control, develop and sustain their own tribal BH service system. Tribes develop services needed by their tribal members

COORDINATION OF CARE

In the AZ BH system, an eligible member's care is coordinated through:

- 1) IHS/Tribal 638 health care facilities that provide or arrange for deliver of services, or
- 2) Tribal RBHA assigns a case manager and assures access to and maintains a network of providers on and off reservation, or
- 3) Local RBHA assigns a case manager and provides access to and maintains a network of providers.

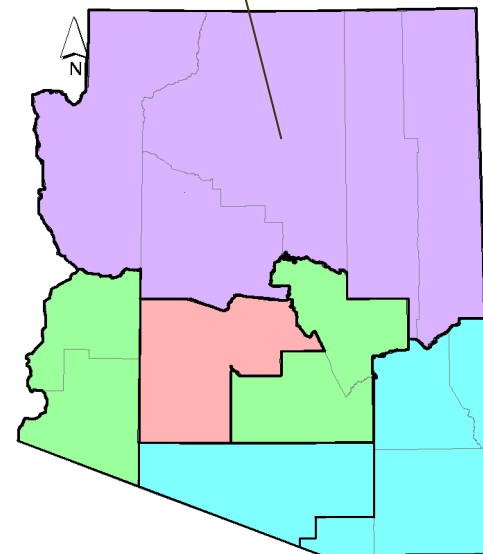


NARBHA Service Area

- <http://www.narbha.org/>

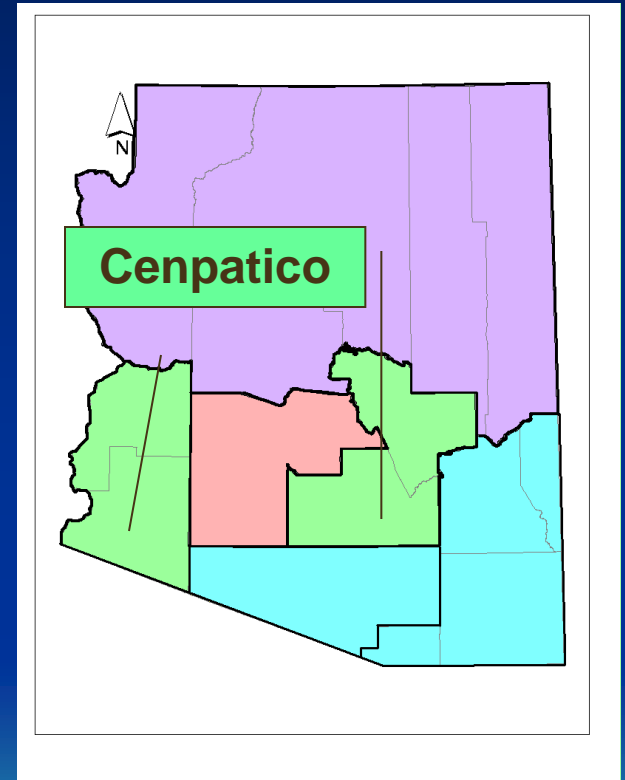
- Generally serves Apache, Coconino, Mohave, Navaho and Yavapai Counties zip codes
- Tribes served: Navajo Nation, Hualapai Tribe, Ft. Mojave Indian Tribe, Prescott Yavapai Tribe, Yavapai Apache Tribe, Kaibab Paiute Tribe, San Juan Southern Paiute
- Contract Administrator – John Morrision, Ph 602-364-4684

NARBHA



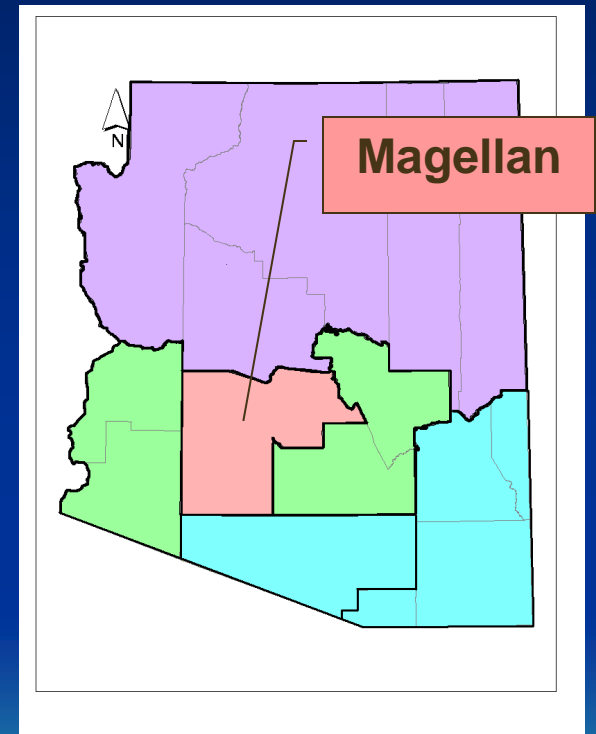
Cenpatico Service Area(s)

- <http://www.cenpaticoaz.com/>
- Serves Yuma & La Paz, and Gila & Pinal counties as well as Cochise, Santa Cruz, and Graham county zip codes.
- Tribes served: Colorado River Indian Tribes, Quechan Tribe, Cocopah Tribe, San Carlos Apache Tribe, Tohono O'odham Nation
- Contract Administrator – Cathy Hannen, Ph 602-364-4741



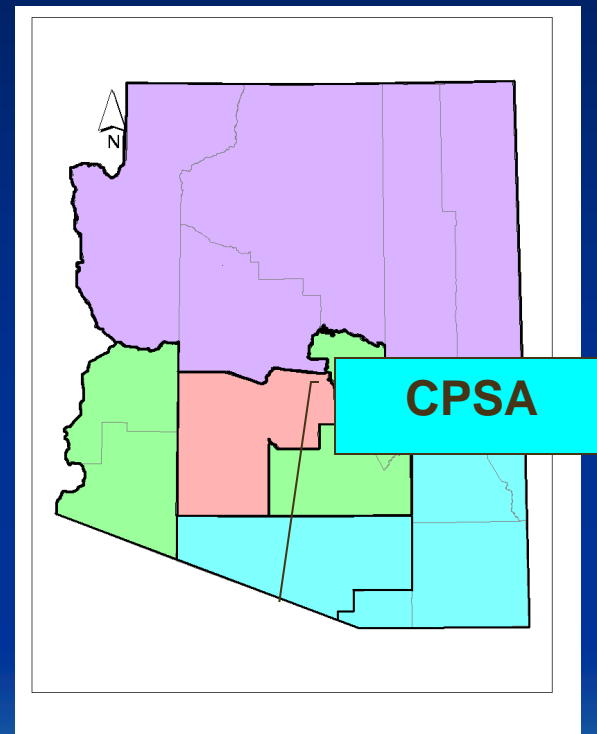
Magellan Service Area

- <http://www.magellanofaz.com/>
- Serves Maricopa County
- Tribes served: Salt River Indian Community, Fort McDowell Yavapai Nation, Tohono O'odham Nation, San Lucy District in Gila Bend
- Contract Administrators –
Idalia Brown, Ph 602-364-4739



CPSA Service Area

- <http://w3.cpsa-rbha.org>
- Serves Pima County zip codes.
- Tribes served: Tohono O'odham Nation, San Xavier District
- Contract Administration – Cathy Hannen, 602-364-4741



Gila River Tribal RBHA

<http://www.gilariverrbha.org>

- The Gila River TRBHA provides services to tribal members living on the Gila River reservation which covers parts of Pinal and Maricopa Counties.
- The Gila River TRBHA also provides services to tribal members from the Ak-Chin Indian Community, in Maricopa, Arizona, and Native Americans living on or near the Gila River reservation and receiving their primary care at the Gila River Health Care Corporation.
- Tribal Contract Administrator – Lydia Hubbard-Pourier



Pascua Yaqui RBHA

<http://www.pascuayaqui-nsn.gov/index.shtml>

- Pascua Yaqui TRBHA provides services to tribal members living on the reservation , which covers part of Pima county.
- Pascua Yaqui TRBHA also provides services to tribal members living in Guadalupe, Arizona, which is in Maricopa county.
- Tribal Contract Administrator – Lydia Hubbard-Pourier



White Mountain Apache Tribal RBHA

<http://www.wmabhs.org>

- Starting 10/1/07, the White Mountain Apache TRBHA serves tribal members living on or near the White Mountain Apache reservation.
- Starting 10/1/07, the White Mountain Apache TRBHA serves Native Americans living on or near the White Mountain Apache reservation.
- Tribal Contract Administrator – Lydia Hubbard-Pourier



State Hospital and ADHS Web Site

- Arizona State Hospital (AZSH)
 - Native American Patients Served -14 Patients in 1st Quarter of 2007
 - For training on ASH admissions for tribal patients involuntarily committed contact:
Lydia Hubbard-Pourier
Tribal Contract Administrator
602-542-1745
hubbarl@azdhs.gov
- ADHS Native American Web Site
 - www.azdhs.gov/phs/tribal/
 - Tribal Consultation Policy
 - Quarterly Reports to the Governor's Office
 - Directories
 - Link



MORE INFORMATION

Home page for the Division of Behavioral
Health Services

<http://www.azdhs.gov/bhs/index.htm>

ADHS/DBHS Guides & Manuals

<http://www.azdhs.gov/bhs.gm.htm>



Integration: Where AZ is headed

- SMI Health Home – Maricopa County RFP
AHCCCS and ADHS/DBHS worked on jointly
To be published in August – Contract to start July 1, 2013
- How did it work – What worked, what didn't?
- Greater Arizona RFP
- Integration of behavioral health into state wide health plans.



Current IHS Movement to Integration

Goals and objectives to achieve integrating behavioral health within the structure of IHS are laid out in the American Indian & Alaska Native National Behavioral Health Strategic Plan, 2011-2015. IHS, Tribes and Urban Indian programs must:

- *Ensure integration in treatment planning, and assessment.*
- *Ensure behavioral health outreach and education for providers and persons served.*
- *Ensure access to needed medications, AI/AN traditional and other treatments, and facilities.*
- *Ensure an integrated continuum of care.*



Current IHS Movement to Integration

Several goals and objectives of the National Suicide Prevention Strategic Plan, 2011-2015 seek integration by:

- *Promoting awareness that suicide is a public health problem that is preventable*
- *Increasing AI/AN community involvement in the development of interdisciplinary crisis response plans and teams to address behavioral health crises*
- *Developing and promoting effective behavioral health clinical and professional practices*
- *Increasing screenings for depression, substance abuse, suicide risk, and presence of lethal means during routine primary care*



Current IHS Movement to Integration

- Expanded use of the Electronic Health Record (EHR) by primary care and behavioral health providers supports integrated care.
- Individual patient encounters, group services, treatment plans, case management information and community-based activities are documented in the Behavioral Health System (BHS) module of the Resource and Patient Management System (RPMS).
- Providers access medical information, clinical note templates, and computerized provider order entry. BH face to-face patient encounters, telephone calls and chart reviews are entered into RPMS databases.



Current Tribal Behavioral Health/Social Services Programs

- Tribal organizational structures stem from Federal funding streams for discretionary programs.
- Tribes contract with IHS through PL 93-638 contracting process.
- BH and SS programs differ from Tribe to Tribe. Some SS programs direct substance abuse services, other BH programs administer substance abuse services.



Coordination of Care

- There are currently coordination of care issues between tribal BH and SS programs.
- There are many coordination of care issues between the IHS delivery system and the tribal behavioral health and social service programs.
- There are coordination of care issues among the state behavioral health providers, the IHS and the Tribal BH and SS programs.



Possible Impact of Integration Movement on Individual Client

- TRBHAs and Navajo – currently only provide BH services, Tribes would need to determine how to provide the health services required
- Will need to address coordination of care issues with IHS and state behavioral health providers.



Possible Impact of Integration Movement on Individual Client

- IHS Direct Service facilities – increased load if many non-T19 clients do not sign up for insurance coverage on the Health Exchange.
- Will need to decide how to increase specialty services such as specialized psychiatry, community based services, etc.
- Need to work to have individuals not T19 eligible to sign up for insurance on the Health Exchange.
- Work on coordination of care issues with tribal programs and state behavioral health programs.



COORDINATION OF CARE

Recommendation:

If tribal members are going to get needed behavioral health services, AND NOT FALL THROUGH THE CRACKS, Coordination of Care among the IHS, tribal and state behavioral health programs MUST BE ADDRESSED.



Thank You

Lydia Hubbard-Pourier, BSN, MPH
Tribal Contract Administrator

Bureau of Compliance
Division of Behavioral Health Services
Arizona Department of Health Services
150 N. 18th Avenue, Suite 260
Phoenix, AZ 85007

602-542-1745
602-364-4737 (fax)

hubbarl@azdhs.gov



Thank You

Alida Montiel, Health Systems Analyst

Inter Tribal Council of Arizona, inc.
2214 N. Central Avenue, Suite 100
Phoenix, Arizona 85004
602-258-4822
602-258-4825 (fax)

Alida.Montiel@itcaonline.com

